

FILED MAR 5. 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6784
1631

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 4123 McRee Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) DELMAR		b. (Middle) _____		c. (Last) WAGGONER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Mar. 4, 1904	
9. AGE (In years last birthday) 44		10. MONTH 11		11. DAY 15		12. YEAR 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canner		10b. KIND OF BUSINESS OR INDUSTRY Switzer Candy		11. BIRTHPLACE (State or foreign country) Steelville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Waggoner		13b. MOTHER'S MAIDEN NAME Effie Woods		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Effie Waggoner-4123 McRee Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) GENERAL SHOCK ANTECEDENT CAUSES URETERAL TEAR DUE TO APC PULLED OUT. RETENTION CATHETER II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs + 48 hrs +	
19a. DATE OF OPERATION 2/27/49		19b. MAJOR FINDINGS OF OPERATION CERVICAL SPINE - INTERVERTEBRAL DISC, CERVICAL				20. AUTOPSY? NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) Salem, Mo.		21d. (COUNTY) Salem, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan 3, 1949 , to Feb 19, 1949 , that I last saw the deceased alive on Feb 19, 1949 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Frank Cohen		(Name or title) REG		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED Feb 21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor)		24b. DATE 2/22/49		24c. NAME OF CEMETERY OR CREMATORY Salem, Mo.		24d. LOCATION (City, town, or county) Salem, Mo.	
DATE REC'D BY LOCAL REG FEB 21 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 LeKinghigh

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.